U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 73696 | 2. Fiscal Year Covered From: |
|--|---|
| | 7/7/69 Through: 72/31/69 |
| 3. Name and address of person filing. | Name, file number, and address of labor organization. |
| Name Robert S Gilbert Jr. | Name UFCW Count 911 |
| ć | Labor Organization File Number 540-189 |
| P.O. Box, Bldg., Room No., if any P.O. Tex 966 | P.O. Box, Building and Room Number, if any PO Box 946 |
| Street 7441 Futurational Do | Street 7441 International Dr. |
| City Holland | City Holland |
| State CH ZIP Code + 4 435 + 8 | State 6 - ZIP Code + 4 43528 |
| 5. Position in labor organization. Representative | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of | |
| monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of microst, fransaction, of monte. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bidg., Room No., if any | 7.b. Amount. |
| Street | |
| City | |
| State ZIP Code +4 | |
| Signature | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| Signed Robert S. Willity | On S-15-05 (419) 365-1341 Date Telephone Number |